

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2003

Application or Docket Number

10680949

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|                                                           |               |              |
|-----------------------------------------------------------|---------------|--------------|
| TOTAL CLAIMS                                              | 20            |              |
| FOR                                                       | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 20 minus 20 = | *            |
| INDEPENDENT CLAIMS                                        | 3 minus 3 =   | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

|             |                                                                         |                                  |       |                                    |               |
|-------------|-------------------------------------------------------------------------|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A | 21-3006                                                                 | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total                                                                   | • 20                             | Minus | ** 20                              | • 0           |
|             | Independent                                                             | • 3                              | Minus | *** 3                              | • 0           |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

|           |        |    |           |        |
|-----------|--------|----|-----------|--------|
| RATE      | FEE    |    | RATE      | FEE    |
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| XS 9=     |        | OR | XS18=     |        |
| X43=      |        | OR | X86=      |        |
| +145=     |        | OR | +290=     |        |
| TOTAL     |        | OR | TOTAL     |        |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

|            |                 |    |            |                 |
|------------|-----------------|----|------------|-----------------|
| RATE       | ADDI-TIONAL FEE |    | RATE       | ADDI-TIONAL FEE |
| XS 9=      |                 | OR | XS18=      |                 |
| X43=       |                 | OR | X86=       |                 |
| +145=      |                 | OR | +290=      |                 |
| TOTAL      |                 | OR | TOTAL      |                 |
| ADDIT. FEE |                 | OR | ADDIT. FEE |                 |

|            |                 |
|------------|-----------------|
| RATE       | ADDI-TIONAL FEE |
| XS 9=      |                 |
| X43=       |                 |
| +145=      |                 |
| TOTAL      |                 |
| ADDIT. FEE |                 |

|            |                 |
|------------|-----------------|
| RATE       | ADDI-TIONAL FEE |
| XS18=      |                 |
| X86=       |                 |
| +290=      |                 |
| TOTAL      |                 |
| ADDIT. FEE |                 |

|             |                                                                         |                                  |       |                                    |               |
|-------------|-------------------------------------------------------------------------|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B | 5/17/07                                                                 | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total                                                                   | •                                | Minus | **                                 | =             |
|             | Independent                                                             | •                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

|            |                 |
|------------|-----------------|
| RATE       | ADDI-TIONAL FEE |
| XS 9=      |                 |
| X43=       |                 |
| +145=      |                 |
| TOTAL      |                 |
| ADDIT. FEE |                 |

|            |                 |
|------------|-----------------|
| RATE       | ADDI-TIONAL FEE |
| XS18=      |                 |
| X86=       |                 |
| +290=      |                 |
| TOTAL      |                 |
| ADDIT. FEE |                 |

|             |                                                                         |                                  |       |                                    |               |
|-------------|-------------------------------------------------------------------------|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C |                                                                         | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|             | Total                                                                   | •                                | Minus | **                                 | =             |
|             | Independent                                                             | •                                | Minus | ***                                | =             |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.